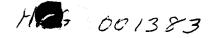


Name + OWN Change MISSOURI DEPARTMENT OF NATURAL RESOURCES WASTE MANAGEMENT PROGRAM



NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

SEND TO MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM P.O. BOX 176, JEFFERSON CITY, MO 65102																													
FOR OFFICIAL USE ONLY																													
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IV. T	YPE	OF I										" IN	THE	APP	ROPI	RIAT	EBC	XES									_		· \
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sources your instal																						1011350	
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B. Wastes from Spec your installation ha		•				-													aste	from	speci	fic sou	rces
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C. Commercial Chemic which may be hazare			•		•			-											ince y	our i	nstallat	ion ha	ndles
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D. (Reserved)													-										
E. Characteristics of N handles. (See 40 CF code A, B, or C.											-										•		
AMOUNT AND FREQUENCY	1. IGNITABLE (D001)									2. CORROSIVE (D002)						3. REACTIVE (D003)							
4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.														_									
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S.I.C. CODE (LEA	VE BL	ANK II	F UN	CERT	AIN)				4	9	6	1											
CHECK THIS BOX	X IF YO	DU GE	NER.	ATE/A	CCL	JMUL	ATE L	ESS 1	ГНАМ	N A R	EP	ORT	ABLI	QUA	NTI	ΤΥ]				
XI. CERTIFICAT	ION																						
I certify under pen documents, and that information is true the possibility of fir	at base , accui	d on m rate, ar	y inqu nd co	uiry of	thos	e indiv	iduals	imme	diate	ly res	pon	sible	for c	btaini	ng th	ne in	form	natio	n. I b	eliev	e the	subm	itted
SIGNATURE	6	1	S	D		/		NAME A	AND O			·			`	7			TE	1	× ×	67	7
MO 780-1164 (8-88)	,,,,			-7			<u>r</u>			~~ <u>~</u>	~~~		<u> </u>	7	سعو -	-~		برمات		<u> </u>	y~		